

United States Bankruptcy Court for the:

Middle District of FloridaCase number (*If known*): _____ Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Bessy _____

First name

Middle name

Fonseca _____

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):**Mariano** _____

First name

Middle name

Fonseca _____

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Mariano _____

First name

Fonseca _____

Middle name

Nieves _____

Last name

Mariano _____

First name

Fonsega _____

Middle name

Nievez _____

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)xxx - xx - 1 2 4 0

OR

9xx - xx - _____

xxx - xx - 6 8 8 7

OR

9xx - xx - _____

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

 I have not used any business names or EINs.

Business name

Business name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case): I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live**518 Ridges Dr**

Number Street

Dundee, FL 33838

City State ZIP Code

Polk

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:** Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain.
(See 28 U.S.C. § 1408)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

- I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).
- I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.

Yes. District Middle District of Florida When 01/17/2017 Case number 8:17-bk00319
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No.

Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

 No. Go to Part 4. Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number Street

City

State

ZIP Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- No. Go to line 16b.
 Yes. Go to line 17.
- 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- No. Go to line 16c.
 Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7? No. I am not filing under Chapter 7. Go to line 18.
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?
- Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- No
 Yes
18. How many creditors do you estimate that you owe?
- | | | | | | |
|--|---|--|---------------------------------------|--|---|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 50-99 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 25,001-50,000 | <input type="checkbox"/> 50,000-100,000 |
| <input type="checkbox"/> 100-199 | <input checked="" type="checkbox"/> 200-999 | <input type="checkbox"/> 10,001-25,000 | | <input type="checkbox"/> More than 100,000 | |
19. How much do you estimate your assets to be worth?
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
20. How much do you estimate your liabilities to be?
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Bessy Fonseca

Bessy Fonseca, Debtor 1

Executed on 10/23/2018

MM/ DD/ YYYY

/s/ Mariano Fonseca

Mariano Fonseca, Debtor 2

Executed on 10/23/2018

MM/ DD/ YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ James T. Harper, Jr

James T. Harper, Jr, Attorney

Date 10/23/2018

MM / DD / YYYY

James T. Harper, Jr

Printed name

Harper Ogden, LLC

Firm name

350 Tangerine Avenue Suite 6

Number Street

Merritt Island

City

FL

State **32953** ZIP Code

Contact phone (321) 888-2020

Email address bankruptcytram@gmail.com

0143103

Bar number

FL

State

Debtor 1	Bessy	Fonseca
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Mariano	Fonseca
	First Name	Middle Name
United States Bankruptcy Court for the:	Middle District of Florida	
Case number		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1 518 Ridges Dr

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$80,127.00

Current value of the portion you own?

\$80,127.00

Dundee, FL 33838

City State ZIP Code

County

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Homestead

Check if this is community property
(see instructions)

If you own or have more than one, list here:

1.2 Lot in Marion County

Street address, if available, or other description

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$5,760.00

Current value of the portion you own?

\$5,760.00

,

City State ZIP Code

County

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property
(see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

→ **\$85,887.00**

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make:

Honda**Who has an interest in the property? Check one.**

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model:

Odyssey

Year:

2005

Approximate mileage:

Other information:

Check if this is community property (see instructions)

Current value of the entire property?

\$3,000.00

Current value of the portion you own?

\$3,000.00**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

→ \$3,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Household Goods & Furnishings\$600.00**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

Electronics\$200.00**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

--	--

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

--	--

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Clothing	\$100.00
----------	----------

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Jewelry	\$150.00
---------	----------

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

--	--

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Describe.....

--	--

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here →

\$1,050.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

17.1. Checking account:	<u>SunTrust 2430</u>	<u>\$959.72</u>
17.2. Checking account:	<u>Chase Bank 8693</u>	<u>\$88.29</u>
17.3. Savings account:	_____	_____
17.4. Savings account:	_____	_____
17.5. Certificates of deposit:	_____	_____
17.6. Other financial account:	_____	_____
17.7. Other financial account:	_____	_____
17.8. Other financial account:	_____	_____
17.9. Other financial account:	_____	_____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes.....

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them.....

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them.....

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes.....

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them....

--	--

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them....

--	--

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them....

--	--

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

--

Federal: _____
State: _____
Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company
of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.....

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

35. Any financial assets you did not already list

No

Yes. Give specific information.....

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →

\$1,048.01

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.
 Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- No
 Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- No
 Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- No
 Yes. Describe.....

41. Inventory

- No
 Yes. Describe.....

42. Interests in partnerships or joint ventures

- No
 Yes. Describe.....

43. Customer lists, mailing lists, or other compilations

- No
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

- No
 Yes. Describe.....

44. Any business-related property you did not already list

- No
 Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... →

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- No
 Yes.....

--	--

48. Crops—either growing or harvested

- No
 Yes. Give specific information.....

--	--

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- No
 Yes.....

--	--

50. Farm and fishing supplies, chemicals, and feed

- No
 Yes.....

--	--

51. Any farm- and commercial fishing-related property you did not already list

- No
 Yes. Give specific information.....

--	--

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

	\$0.00
--	--------

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here.....→

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2.....→

\$85,887.00

56. Part 2: Total vehicles, line 5

\$3,000.00

57. Part 3: Total personal and household items, line 15

\$1,050.00

58. Part 4: Total financial assets, line 36

\$1,048.01

59. Part 5: Total business-related property, line 45

\$0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$0.00

61. Part 7: Total other property not listed, line 54

+ \$0.00

62. Total personal property. Add lines 56 through 61.....

\$5,098.01

Copy personal property total →

+ \$5,098.01

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$90,985.01

Fill in this information to identify your case:

Debtor 1	Bessy	Fonseca
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Mariano	Fonseca
	First Name	Middle Name
United States Bankruptcy Court for the:	Middle District of Florida	
Case number (if known)		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

1. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 518 Ridges Dr Dundee, FL 33838	Line from <i>Schedule A/B:</i> 1.1	Copy the value from <i>Schedule A/B</i> <input checked="" type="checkbox"/> \$80,127.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Check only one box for each exemption. Fla. Const. art. X § 4(a)(1); Fla. Stat. Ann. §§ 222.01..02
Brief description: 2005 Honda Odyssey	Line from <i>Schedule A/B:</i> 3.1	\$3,000.00 <input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> \$950.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1) Fla. Const. art. X, § 4(a)(2)

Debtor 1
Debtor 2

Bessy
Mariano

Fonseca
Fonseca

First Name

Middle Name

Last Name

Case number (*if known*) _____

Part 2: Additional Page

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Debtor 1
Debtor 2Bessy
Mariano

First Name Middle Name

Fonseca
Fonseca

Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Household Goods & Furnishings</u>	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Electronics</u>	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Clothing</u>	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)
Line from Schedule A/B: <u>11</u>			
Brief description: <u>Jewelry</u>	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)
Line from Schedule A/B: <u>12</u>			
Brief description: <u>SunTrust 2430 Checking account</u>	\$959.72	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.11(2)(a)
Line from Schedule A/B: <u>17</u>		<input checked="" type="checkbox"/> \$959.72 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407
Brief description: <u>Chase Bank 8693 Checking account</u>	\$88.29	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.11(2)(a)
Line from Schedule A/B: <u>17</u>		<input checked="" type="checkbox"/> \$88.29 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407

Debtor 1	Bessy	Fonseca	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Mariano	Fonseca	
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion of claim
Do not deduct the value of collateral.		If any
2.1 Seterus Creditor's Name PO Box 1047 Number Street Hartford, CT 06143 City State ZIP Code	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$257,196.55 \$0.00 \$257,196.55
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	
Date debt was incurred	Last 4 digits of account number 6 3 9 2	
Add the dollar value of your entries in Column A on this page. Write that number here:	\$257,196.55	

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A Amount of claim Do not deduct the value of collateral.	Column B	Column C
			Value of collateral that supports this claim	Unsecured portion If any
2.2	WS Badcock Corp Creditor's Name PO Box 724 Number Street Mulberry, FL 33860 City State ZIP Code	Describe the property that secures the claim: <div style="border: 1px dotted black; height: 40px; width: 100%;"></div>	\$913.00	\$0.00 \$913.00
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
Last 4 digits of account number 1 9 7 7				
Add the dollar value of your entries in Column A on this page. Write that number here:			\$913.00	
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:			\$258,109.55	

Debtor 1	Bessy	Fonseca
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Mariano	Fonseca
	First Name	Middle Name
United States Bankruptcy Court for the:	Middle District of Florida	
Case number (if known)		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name	Last 4 digits of account number	_____
Number Street	When was the debt incurred?	_____
City State ZIP Code	As of the date you file, the claim is: Check all that apply.	_____
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent	_____
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated	_____
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed	_____
<input type="checkbox"/> Debtor 1 and Debtor 2 only		
<input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?	Type of PRIORITY unsecured claim:	
<input type="checkbox"/> No	<input type="checkbox"/> Domestic support obligations	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> Taxes and certain other debts you owe the government	_____
	<input type="checkbox"/> Claims for death or person injury while you were intoxicated	_____
	<input type="checkbox"/> Other. Specify _____	_____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 **American Info Source LP**
 Nonpriority Creditor's Name
Verizon
PO Box 248838
 Number Street
Oklahoma City, OK 73124
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 0001

Total claim \$948.42

When was the debt incurred? _____
 As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

4.2 **Bay Area Credit Svcs**
 Nonpriority Creditor's Name
4145 Shackelford Rd Ste
 Number Street
Norcross, GA 30093
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 0187

Total claim \$319.00

When was the debt incurred? _____
 As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collection Attorney American Medical Response

4.3 **Credit Coll**
 Nonpriority Creditor's Name
PO Box 607
 Number Street
Norwood, MA 02062
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 3791

Total claim \$400.00

When was the debt incurred? _____
 As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
06 Progressive

Debtor 1
Debtor 2Bessy
Mariano

First Name

Fonseca
Fonseca

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.4	Credit Protection Assoc Nonpriority Creditor's Name 13355 Noel Rd Ste 2100 Number Street Dallas, TX 75240 City State ZIP Code	Last 4 digits of account number <u>8253</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Brighthouse Networks	\$551.00
4.5	Credit Protection Assoc Nonpriority Creditor's Name 13355 Noel Rd Ste 2100 Number Street Dallas, TX 75240 City State ZIP Code	Last 4 digits of account number <u>4317</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Brighthouse Networks	\$522.00
4.6	Enhanced Recovery Co L Nonpriority Creditor's Name 8014 Bayberry Rd Number Street Jacksonville, FL 32256 City State ZIP Code	Last 4 digits of account number <u>0501</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Sprint	\$589.00

Debtor 1
Debtor 2Bessy
Mariano

First Name

Fonseca
Fonseca

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.7	First Federal Credit C Nonpriority Creditor's Name 24700 Chagrin Blvd Ste 2 Number Street Cleveland, OH 44122 City State ZIP Code	Last 4 digits of account number <u>5454</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Disease Spec. PA Pulmonary	\$304.00
4.8	First Premier Bank Nonpriority Creditor's Name 601 S Minnesota Ave Number Street Sioux Falls, SD 57104 City State ZIP Code	Last 4 digits of account number <u>7079</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$901.00
4.9	Fox Collection Center Nonpriority Creditor's Name 456 Moss Trl Number Street Goodlettsville, TN 37072 City State ZIP Code	Last 4 digits of account number <u>0761</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Esat Mariam A MD	\$709.00

Debtor 1
Debtor 2Bessy
Mariano

First Name

Fonseca
Fonseca

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.10	Gulf Coast Collection Nonpriority Creditor's Name 5630 Marquesas Cir Number Street Sarasota, FL 34233 City State ZIP Code	Last 4 digits of account number <u>3540</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Heart of Florida ER Phys	\$709.00
4.11	Heart of Florida Regional MC Nonpriority Creditor's Name c/o Pasi Number Street PO Box 180 Brentwood, TN 37024 City State ZIP Code	Last 4 digits of account number <u>1240</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$2,050.06
4.12	Jefferson Capital Systems, LLC Nonpriority Creditor's Name 16 McLeod Road Number Street Saint Cloud, MN 56303 City State ZIP Code	Last 4 digits of account number <u>2822</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$834.12

Debtor 1
Debtor 2Bessy
Mariano

First Name

Fonseca
Fonseca

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.13	Medical Data Systems I Nonpriority Creditor's Name 645 Walnut St Number Street Gadsden, AL 35901 City State ZIP Code	Last 4 digits of account number <u>3709</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Heart of Florida Regional Medi	\$377.00
4.14	Medical Data Systems I Nonpriority Creditor's Name 645 Walnut St Number Street Gadsden, AL 35901 City State ZIP Code	Last 4 digits of account number <u>2057</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Heart of Florida Regional Medi	\$320.00
4.15	Medical Data Systems I Nonpriority Creditor's Name 645 Walnut St Number Street Gadsden, AL 35901 City State ZIP Code	Last 4 digits of account number <u>3568</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Heart of Florida Regional Medi	\$184.00

Debtor 1
Debtor 2Bessy
Mariano

First Name

Fonseca
Fonseca

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.16	Medical Data Systems I Nonpriority Creditor's Name 645 Walnut St Number Street Gadsden, AL 35901 City State ZIP Code	Last 4 digits of account number <u>2840</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Heart of Florida Regional Medi	<u>\$111.00</u>
4.17	Medical Data Systems I Nonpriority Creditor's Name 645 Walnut St Number Street Gadsden, AL 35901 City State ZIP Code	Last 4 digits of account number <u>9262</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Heart of Florida Regional Medi	<u>\$108.00</u>
4.18	Medical Data Systems I Nonpriority Creditor's Name 645 Walnut St Number Street Gadsden, AL 35901 City State ZIP Code	Last 4 digits of account number <u>4021</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Heart of Florida Regional Medi	<u>\$65.00</u>

Debtor 1
Debtor 2Bessy
Mariano

First Name

Fonseca
Fonseca

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.19	Medical Data Systems I Nonpriority Creditor's Name 645 Walnut St Number Street Gadsden, AL 35901 City State ZIP Code	Last 4 digits of account number <u>5822</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Heart of Florida Regional Medi	<u>\$64.00</u>
4.20	Medical Data Systems I Nonpriority Creditor's Name 645 Walnut St Number Street Gadsden, AL 35901 City State ZIP Code	Last 4 digits of account number <u>4872</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Atty Heart of Florida Regional Medi	<u>\$60.00</u>
4.21	Merchants Coll Nonpriority Creditor's Name PO Box 173025 Number Street Tampa, FL 33672 City State ZIP Code	Last 4 digits of account number <u>6096</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Anesthesia Assoc	<u>\$51.00</u>

Debtor 1
Debtor 2Bessy
Mariano

First Name

Fonseca
Fonseca

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.22	Portfolio Recovery Ass Nonpriority Creditor's Name 120 Corporate Blvd Ste 1 Number Street Norfolk, VA 23502 City State ZIP Code	Last 4 digits of account number <u>9245</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Factoring Co Account World Financial Network Bank	<u>\$363.00</u>
4.23	Rec Mgt Grp Nonpriority Creditor's Name 2901 University Ave Number Street Columbus, GA 31907 City State ZIP Code	Last 4 digits of account number <u>VXWT</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Sunshine Radiology LLC	<u>\$51.00</u>
4.24	Regional Acceptance Corp Nonpriority Creditor's Name PO Box 1847 Number Street Wilson, NC 27894 City State ZIP Code	Last 4 digits of account number <u>8188</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Deficiency on repo	<u>\$21,776.76</u>

Debtor 1
Debtor 2Bessy
Mariano

First Name

Fonseca
Fonseca

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.25	Reliable Financial Ser Nonpriority Creditor's Name 9615 Ave Los Romero Ste Number Street San Juan, PR 00926 City State ZIP Code	Last 4 digits of account number 0000 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Deficiency Repo	unknown
4.26	Resurgent Capital Svcs Nonpriority Creditor's Name PO Box 10587 Number Street Greenville, SC 29603 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Arrow	\$585.67
4.27	Resurgent Capital Svcs Nonpriority Creditor's Name PO Box 10587 Number Street Greenville, SC 29603 City State ZIP Code	Last 4 digits of account number 2874 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify MHC	\$648.74

Debtor 1
Debtor 2Bessy
Mariano

First Name

Fonseca
Fonseca

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.28	Resurgent Capital Svcs Nonpriority Creditor's Name PO Box 10587 Number Street Greenville, SC 29603 City State ZIP Code	Last 4 digits of account number <u>5045</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Citibank	<u>\$1,557.07</u>
4.29	Resurgent Capital Svcs Nonpriority Creditor's Name PO Box 10587 Number Street Greenville, SC 29603 City State ZIP Code	Last 4 digits of account number <u>1871</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify BOA	<u>\$585.35</u>
4.30	Syncb/walmart Nonpriority Creditor's Name PO Box 965024 Number Street Orlando, FL 32896 City State ZIP Code	Last 4 digits of account number <u>5158</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Acct	<u>\$1,370.00</u>

Debtor 1
Debtor 2Bessy
MarianoFonseca
Fonseca

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.31	THD/CBNA	Last 4 digits of account number <u>6849</u>	\$58.00
Nonpriority Creditor's Name			
PO Box 6497			
Number	Street		
Sioux Falls, SD 57117			
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.32	Webbank/fingerhut	Last 4 digits of account number <u>2822</u>	\$834.00
Nonpriority Creditor's Name			
6250 Ridgewood Rd			
Number	Street		
Saint Cloud, MN 56303			
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Charge Acct			

Debtor 1
Debtor 2Bessy
MarianoFonseca
Fonseca

First Name

Middle Name

Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

- 6.** Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. _____ \$0.00
	6b. Taxes and certain other debts you owe the government	6b. _____ \$0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. _____ \$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + _____ \$0.00
	6e. Total. Add lines 6a through 6d.	6e. _____ \$0.00

		Total claim
Total claims from Part 2	6f. Student loans	6f. _____ \$0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. _____ \$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. _____ \$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + _____ \$38,006.19
	6j. Total. Add lines 6f through 6i.	6j. _____ \$38,006.19

Debtor 1	Bessy	Fonseca
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Mariano	Fonseca
	First Name	Middle Name
United States Bankruptcy Court for the:	Middle District of Florida	
Case number (if known)		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease		State what the contract or lease is for	
2.1	Name Number Street City State ZIP Code			
2.2	Name Number Street City State ZIP Code			
2.3	Name Number Street City State ZIP Code			
2.4	Name Number Street City State ZIP Code			
2.5	Name Number Street City State ZIP Code			

Debtor 1	Bessy	Fonseca
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Mariano	Fonseca
	First Name	Middle Name
United States Bankruptcy Court for the:	Middle District of Florida	
Case number (if known)		

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name _____

Number Street _____

City State ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Debtor 1	Bessy	Fonseca
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Mariano	Fonseca
	First Name	Middle Name
United States Bankruptcy Court for the:	Middle District of Florida	
Case number (if known)		

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

	Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status <input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed	 <input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed
Include part time, seasonal, or self-employed work.	Occupation _____	_____
Occupation may include student or homemaker, if it applies.	Employer's name _____	_____
	Employer's address Number Street _____	Number Street _____
	City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
	How long employed there? _____	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. _____ \$0.00	_____ \$0.00
3. Estimate and list monthly overtime pay.	3. + _____ \$0.00	+ _____ \$0.00
4. Calculate gross income. Add line 2 + line 3.	4. _____ \$0.00	_____ \$0.00

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4. _____ \$0.00	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. _____ \$0.00	\$0.00
5b. Mandatory contributions for retirement plans	5b. _____ \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. _____ \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. _____ \$0.00	\$0.00
5e. Insurance	5e. _____ \$0.00	\$0.00
5f. Domestic support obligations	5f. _____ \$0.00	\$0.00
5g. Union dues	5g. _____ \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. + _____ \$0.00	+ \$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. _____ \$0.00	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. _____ \$0.00	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. _____ \$0.00	\$0.00
8b. Interest and dividends	8b. _____ \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. _____ \$0.00	\$0.00
8d. Unemployment compensation	8d. _____ \$0.00	\$0.00
8e. Social Security	8e. _____ \$690.00	\$1,046.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. _____ \$0.00	\$0.00
8g. Pension or retirement income	8g. _____ \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. + _____ \$0.00	+ \$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. _____ \$690.00	\$1,046.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. _____ \$690.00	+ \$1,046.00 = \$1,736.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Contributions to household expenses _____	11. + _____ \$1,700.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. _____ \$3,436.00	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	Bessy	Fonseca
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Mariano	Fonseca
	First Name	Middle Name
United States Bankruptcy Court for the:	Middle District of Florida	
Case number (if known)		

Check if this is:

 An amended filing A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?** No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.**2. Do you have dependents?** NoDo not list Debtor 1 and
Debtor 2. Yes. Fill out this information for
each dependent.....

Do not state the dependents' names.

**Dependent's relationship to
Debtor 1 or Debtor 2****Dependent's
age****Does dependent live
with you?**

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

**3. Do your expenses include expenses
of people other than yourself and
your dependents?** No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses**4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.**

4.

If not included in line 4:

4a. Real estate taxes

4a.

\$0.00

4b. Property, homeowner's, or renter's insurance

4b.

\$0.00

4c. Home maintenance, repair, and upkeep expenses

4c.

\$50.00

4d. Homeowner's association or condominium dues

4d.

\$50.00

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. _____
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. _____ \$360.00
6b.	Water, sewer, garbage collection	6b. _____ \$65.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$363.00
6d.	Other. Specify: _____	6d. _____ \$0.00
7.	Food and housekeeping supplies	7. _____ \$408.00
8.	Childcare and children's education costs	8. _____ \$50.00
9.	Clothing, laundry, and dry cleaning	9. _____ \$0.00
10.	Personal care products and services	10. _____ \$50.00
11.	Medical and dental expenses	11. _____ \$200.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$350.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____ \$50.00
14.	Charitable contributions and religious donations	14. _____ \$0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____ \$0.00
15b.	Health insurance	15b. _____ \$0.00
15c.	Vehicle insurance	15c. _____ \$175.00
15d.	Other insurance. Specify: _____	15d. _____ \$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____ \$0.00
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. _____
17b.	Car payments for Vehicle 2	17b. _____
17c.	Other. Specify: _____	17c. _____
17d.	Other. Specify: _____	17d. _____
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____ \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	19. _____ \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. _____ \$0.00
20b.	Real estate taxes	20b. _____ \$0.00
20c.	Property, homeowner's, or renter's insurance	20c. _____ \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d. _____ \$0.00
20e.	Homeowner's association or condominium dues	20e. _____ \$0.00

Bessy Fonseca
Mariano Fonseca
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. + \$0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$2,171.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$2,171.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$3,436.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$2,171.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$1,265.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

None

Yes.

Debtor 1	Bessy	Fonseca	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Mariano	Fonseca	
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a.	Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$85,887.00
1b.	Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$5,098.01
1c.	Copy line 63, Total of all property on <i>Schedule A/B</i>	\$90,985.01

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$258,109.55
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$38,006.19
Your total liabilities		\$296,115.74

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$3,436.00
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$2,171.00

Debtor 1
Debtor 2Bessy
Mariano

First Name

Middle Name

Fonseca
Fonseca

Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) _____ \$0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) _____ \$0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) _____ \$0.00

9d. Student loans. (Copy line 6f.) _____ \$0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) _____ \$0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + _____ \$0.00

9g. **Total.** Add lines 9a through 9f. _____ \$0.00

Debtor 1	Bessy	Fonseca
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	Mariano	Fonseca
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	Middle District of Florida	
Case number (if known)		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Bessy Fonseca
Bessy Fonseca, Debtor 1, Debtor 1

X /s/ Mariano Fonseca
Mariano Fonseca, Debtor 2

Date 10/23/2018
MM/ DD/ YYYY

Date 10/23/2018
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	Bessy	Fonseca
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Mariano	Fonseca
	First Name	Middle Name
United States Bankruptcy Court for the:	Middle District of Florida	
Case number (if known)		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street	From _____ To _____	Number Street	From _____ To _____
City	State ZIP Code	City	State ZIP Code
Number Street	From _____ To _____	Number Street	From _____ To _____
City	State ZIP Code	City	State ZIP Code

Debtor 1
Debtor 2

Bessy	Fonseca
Mariano	Fonseca
First Name	Middle Name
	Last Name

Case number (if known) _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

 No Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income	Gross Income
Check all that apply.	(before deductions and exclusions)

From January 1 of current year until the date you filed for bankruptcy:

<input type="checkbox"/> Wages, commissions, bonuses, tips	<input type="checkbox"/> Wages, commissions, bonuses, tips
<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business

For last calendar year:

(January 1 to December 31, 2017)
YYYY

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$4,903.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business

For the calendar year before that:

(January 1 to December 31, 2016)
YYYY

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$32,028.35</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. No Yes. Fill in the details.

Debtor 1	Debtor 2		
Sources of income	Gross income from each source	Sources of income	Gross Income from each source
Describe below.	(before deductions and exclusions)	Describe below.	(before deductions and exclusions)

From January 1 of current year until the date you filed for bankruptcy:

<u>Social Security</u>	<u>\$6,900.00</u>	<u>Social Security</u>	<u>\$10,460.00</u>

Debtor 1
Debtor 2

Bessy	Fonseca
Mariano	Fonseca
First Name	Middle Name
	Last Name

Case number (if known) _____

For last calendar year:	Social Security	\$7,668.00	Social Security	\$14,531.00
(January 1 to December 31, <u>2017</u>)	_____ YYYY	_____ _____ _____	_____ _____ _____	_____ _____ _____
For the calendar year before that:	_____ YYYY	_____ _____ _____	_____ _____ _____	_____ _____ _____
(January 1 to December 31, <u>2016</u>)	_____ YYYY	_____ _____ _____	_____ _____ _____	_____ _____ _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Creditor's Name	_____	_____	
Number Street	_____	_____	
City	State	ZIP Code	

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Debtor 1
Debtor 2**Bessy**
Mariano**Fonseca**
Fonseca

First Name Middle Name

Last Name

Case number (if known) _____

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name			
Number Street			
City State ZIP Code			

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name			
Number Street			
City State ZIP Code			

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title Bank of America, N.A. vs. Mariano Fonseca	Tenth Judicial Circuit Court Name Polk Cty Govt Center 930 E Parker St Rm 240 Number Street Lakeland, FL 33801 City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 2013 CA 003179		

Debtor 1
Debtor 2

Bessy	Fonseca
Mariano	Fonseca
First Name	Middle Name
	Last Name

Case number (if known) _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Regional Acceptance Corp _____

Creditor's Name

PO Box 1847 _____

Number Street

Wilson, NC 27894 _____

City State ZIP Code

Describe the property	Date	Value of the property
2013 Nissan Pathfinder	2018	\$14,575.00
Explain what happened		
<input checked="" type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

 No Yes. Fill in the details.

Creditor's Name _____

Number Street _____

City State ZIP Code _____

Describe the action the creditor took	Date action was taken	Amount

Last 4 digits of account number: XXXX-_____-_____-_____-_____-

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

 No Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

 No Yes. Fill in the details for each gift.

Debtor 1
Debtor 2**Bessy**
Mariano

First Name

Middle Name

Fonseca
Fonseca

Last Name

Case number (if known) _____

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			
Number Street			
City	State ZIP Code		
Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			
Number Street			
City	State ZIP Code		

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?** No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

Debtor 1
Debtor 2

Bessy
Mariano

First Name Middle Name

Fonseca
Fonseca

Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<u>Harper Ogden, LLC</u> Person Who Was Paid	Attorney's Fee		
<u>350 Tangerine Avenue Suite 6</u> Number Street		<u>Oct 24, 2018</u>	<u>\$1,000.00</u>
<u>Merritt Island, FL 32953</u> City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Debtor 1
Debtor 2**Bessy**
Mariano

First Name Middle Name Last Name

Fonseca
Fonseca

Case number (if known) _____

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer		
Number Street		
City State ZIP Code		

Person's relationship to you _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

 No Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____	

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Name of Financial Institution

XXXX- _____

 Checking Savings Money market Brokerage Other _____

Number Street

City State ZIP Code

Debtor 1
Debtor 2

**Bessy
Mariano**

Fonseca
Fonseca

Case number (*if known*) _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Number Street	Name		<input type="checkbox"/> No
	Number Street		<input type="checkbox"/> Yes
City	State ZIP Code		

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street		
		City State ZIP Code	
City	State	ZIP Code	

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Debtor 1
Debtor 2**Bessy**
Mariano**Fonseca**
Fonseca

First Name

Middle Name

Last Name

Case number (if known) _____

Bessy Santana (daughter)
Owner's Name**Where is the property?****Describe the property****Value**Household Goods & Furnishings, Clothing,
Jewelry, 2014 Chrysler Town & Country

\$0.00

Number Street

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Jose Santana (son-in-law)
Owner's Name

Number Street

Household Goods & Furnishings, Clothing,
Jewelry, Personal Items, 2008 Infinity G35

\$0.00

Number Street

City State ZIP Code

Number Street

City State ZIP Code

Part 10: Give Details About Environmental Information**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?** No Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
City	State ZIP Code	
City	State ZIP Code	

Debtor 1
Debtor 2

Bessy	Fonseca
Mariano	Fonseca
First Name	Middle Name
	Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City	State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____ Court Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Number Street		
Case number City State ZIP Code		

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

Debtor 1
Debtor 2**Bessy**
Mariano

First Name

Middle Name

Fonseca
Fonseca

Last Name

Case number (if known) _____

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Describe the nature of the business**Employer Identification number**

Do not include Social Security number or ITIN.

EIN: _____ - _____ - _____ - _____

Name of accountant or bookkeeper**Dates business existed**

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

 No

 Yes. Fill in the details below.
Date issued

Name _____ MM / DD / YYYY _____

Number Street _____

City _____ State _____ ZIP Code _____

Debtor 1
Debtor 2**Bessy
Mariano**

First Name Middle Name

**Fonseca
Fonseca**

Last Name

Case number (*if known*) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/ Bessy Fonseca

Signature of Bessy Fonseca, Debtor 1

X

/s/ Mariano Fonseca

Signature of Mariano Fonseca, Debtor 2

Date 10/23/2018Date 10/23/2018

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

 No Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

 No Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**United States Bankruptcy Court
Middle District of Florida**

In re

Fonseca, Bessy

Case No. _____

Fonseca, Mariano

Chapter 13**Debtor(s)****DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	<u>\$3,835.00</u>
Prior to the filing of this statement I have received	<u>\$1,000.00</u>
Balance Due	<u>\$2,835.00</u>

2. The source of the compensation to be paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/23/2018
Date

/s/ James T. Harper, Jr.
Signature of Attorney

Harper Ogden, LLC
Name of law firm

Fill in this information to identify your case:

Debtor 1	Bessy	Fonseca
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Mariano	Fonseca
	First Name	Middle Name
United States Bankruptcy Court for the:	Middle District of Florida	
Case number (if known)		

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
3. The commitment period is 3 years.
4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
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2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). \$0.00 \$0.00

3. Alimony and maintenance payments. Do not include payments from a spouse. \$0.00 \$0.00

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. \$0.00 \$0.00

5. Net income from operating a business, profession, or farm \$0.00

	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00	\$0.00
Ordinary and necessary operating expenses	- \$0.00	- \$0.00
Net monthly income from a business, profession, or farm	\$0.00	\$0.00
	Copy here →	\$0.00
		\$0.00

6. Net income from rental and other real property \$0.00

	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$0.00	\$0.00
Ordinary and necessary operating expenses	- \$0.00	- \$0.00
Net monthly income from rental or other real property	\$0.00	\$0.00
	Copy here →	\$0.00
		\$0.00

Bessy	Fonseca	Fonseca
Mariano		
First Name	Middle Name	Last Name

Case number (if known) _____

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$0.00	\$0.00
\$0.00	\$0.00

7. Interest, dividends, and royalties**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you..... \$0.00
For your spouse..... \$0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. _____ \$0.00 _____ \$0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

+ _____	+ _____	= _____
\$0.00	\$0.00	\$0.00
Total average monthly income		

Total amounts from separate pages, if any.

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$0.00

13. Calculate the marital adjustment. Check one:

You are not married. Fill in 0 below.

You are married and your spouse is filing with you. Fill in 0 below.

You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

+ _____	\$0.00	Copy here. →
Total.....	\$0.00	- _____

14. Your current monthly income. Subtract the total in line 13 from line 12. _____ \$0.00

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here → \$0.00

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. \$0.00

Bessy Fonseca
Mariano Fonseca
First Name Middle Name Last Name

Case number (if known) _____

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. Florida

16b. Fill in the number of people in your household. 2

16c. Fill in the median family income for your state and size of household. \$57,968.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. Copy your total average monthly income from line 11. \$0.00

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. - \$0.00

19b. Subtract line 19a from line 18. \$0.00

20. Calculate your current monthly income for the year. Follow these steps.

20a. Copy line 19b. \$0.00

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form. \$0.00

20c. Copy the median family income for your state and size of household from line 16c. \$57,968.00

21. How do the lines compare?

- Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Bessy Fonseca

Signature of Debtor 1

Date 10/23/2018
MM/DD/YYYY

X /s/ Mariano Fonseca

Signature of Debtor 2

Date 10/23/2018
MM/DD/YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

IN RE: **Fonseca, Bessy**
Fonseca, Mariano

CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 10/23/2018 Signature /s/ Bessy Fonseca
Bessy Fonseca, Debtor

Date 10/23/2018 Signature /s/ Mariano Fonseca
Mariano Fonseca, Joint Debtor

American Info Source LP
Verizon
PO Box 248838
Oklahoma City, OK 73124

Bay Area Credit Svcs
4145 Shackelford Rd Ste
Norcross, GA 30093

Credit Coll
PO Box 607
Norwood, MA 02062

Credit Protection Assoc
13355 Noel Rd Ste 2100
Dallas, TX 75240

Enhanced Recovery Co L
8014 Bayberry Rd
Jacksonville, FL 32256

First Federal Credit C
24700 Chagrin Blvd Ste 2
Cleveland, OH 44122

First Premier Bank
601 S Minnesota Ave
Sioux Falls, SD 57104

Fox Collection Center
456 Moss Trl
Goodlettsville, TN 37072

Gulf Coast Collection
5630 Marquesas Cir
Sarasota, FL 34233

Heart of Florida Regional MC
c/o Pasi
PO Box 180
Brentwood, TN 37024

Jefferson Capital Systems,
LLC
16 McLeod Road
Saint Cloud, MN 56303

Medical Data Systems I
645 Walnut St
Gadsden, AL 35901

Merchants Coll
PO Box 173025
Tampa, FL 33672

Portfolio Recovery Ass
120 Corporate Blvd Ste 1
Norfolk, VA 23502

Rec Mgt Grp
2901 University Ave
Columbus, GA 31907

Regional Acceptance Corp
PO Box 1847
Wilson, NC 27894

Reliable Financial Ser
9615 Ave Los Romero Ste
San Juan, PR 00926

Resurgent Capital Svcs
PO Box 10587
Greenville, SC 29603

Seterus
PO Box 1047
Hartford, CT 06143

Syncb/walmart
PO Box 965024
Orlando, FL 32896

THD/CBNA
PO Box 6497
Sioux Falls, SD 57117

Webbank/fingerhut
6250 Ridgewood Rd
Saint Cloud, MN 56303

WS Badcock Corp
PO Box 724
Mulberry, FL 33860